

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 176

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Friends of Roy Blunt

A.

Full Name (Last, First, Middle Initial)

Peter Herschend

Mailing Address 1 Cotton Patch Lane

City

Branson

State

MO

Zip Code

65616

FEC ID number of contributing
federal political committee.

C

Name of Employer
Herschend Family Ent. Cor-
p.

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 7

Transaction ID: 70508.C25734

Amount of Each Receipt this Period

2000.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

B.

Full Name (Last, First, Middle Initial)

Billy Ray Foster

Mailing Address 426 S. Jefferson Avenue
Suite 300

City

Springfield

State

MO

Zip Code

65806-2308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Branson Meadows Assisted
Livin

Occupation

Owner

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 9 / 2 0 0 7

Transaction ID: 70508.C25725

Amount of Each Receipt this Period

500.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

C.

Full Name (Last, First, Middle Initial)

James L. Hargis

Mailing Address 1470 E. Meadowmere Street

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer
St. Johns Physicians & Cl-
inics

Occupation

Physician

Receipt For: 2008

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 4 / 2 0 0 7

Transaction ID: 70423.C25668

Amount of Each Receipt this Period

700.00

Receipt

☐ Limit Increased Due to Opponent's
Spending (2 U.S.C. 441a(i)/441a-1)

SUBTOTAL of Receipts This Page (optional)

3200.00

TOTAL This Period (last page this line number only)